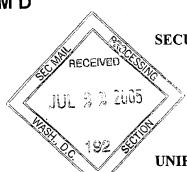
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALES OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Prefix Serial

DATE RECEIVED

| | |
|--|--|
| Name of Officials (about if this is a smooth and some has about a distinct about | |
| Name of Offering (check if this is an amendment and name has changed, and indicate changes are a changed to the property of t | ge.) |
| Series B Convertible Redeemable Preferred Stock | Continuor |
| | Section 4(6) ULOE |
| Type of Filing: ☐ New Filing ☐ Amendment | |
| A. BASIC IDENTIFICATION DATA | • |
| Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change. |) |
| CeraTech, Inc. | • |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1600 Wicomico Street, Baltimore, MD 21230 | (410) 727-6419 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Brief Description of Business | 0 |
| Development of alternative construction materials. | ** |
| • | 7 |
| Type of Business Organization | DOMMERCE |
| ☐ corporation ☐ limited partnership, already formed | other (please specify): |
| ☐ business trust ☐ limited partnership, to be formed | 00.00 |
| Month Year | JUL 2 9 2005 |
| Actual or Estimated Date of Incorporation or Organization: 04 2001 | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for | or State: THOWSON |
| 1 0 | |
| CN for Canada; FN for other foreign jurisdiction) | DE FINANCIAL |
| CN for Canada; FN for other foreign jurisdiction) | DE LIBERACIAL |
| GENERAL INSTRUCTIONS | DE LIE MC PAL |
| GENERAL INSTRUCTIONS Federal: | DE |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Re | DE |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Re seq. or 15 U.S.C. 77d(6). | gulation D or Section 4(6), 17 CFR 230.501 et |
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such exemption is predicated on the filing of a federal notice.

failure to file the appropriate federal notice will not result in a loss of an available state exemption unless

| | | . BASIC IDENTIFIC | ATION DATA | | |
|--|-------------------------|---------------------------|---------------------------|----------------------|--------------------------------------|
| 2. Enter the information requeste | _ | | | | |
| Each promoter of the issuer | | | | | |
| Each beneficial owner have the issuer; | ng the power to vote o | or dispose, or direct the | vote or disposition of, 1 | 0% or more of a cla | ass of equity securities of |
| Each executive officer and | director of corporate i | issuers and of corporate | general and managing | partners of partners | hip issuers; and |
| Each general and managing | partner of partnership | issuers. | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if inc Robinson, Brenda P. | lividual) | | | | |
| Business or Residence Address | (Number and Street | City, State, Zip Code) | | | |
| 2425 Grenoble Road, Richmon | , | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐Beneficial Owner | ☐Executive Officer | ⊠Director | General and/or Managing Partner |
| Full Name (Last name first, if inc | lividual) | | | | |
| Bonsal, Jr., Frank A. | ii vidual) | | | | |
| Business or Residence Address | (Number and Street | City, State, Zip Code) | | | |
| c/o New Enterprise Associates, | | | 1 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Director | General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | | | | |
| Melinda B. Pfeffer Trust | , | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| Wm. R. Enlow, Trustee, c/o Ca | • | | 0, Orleans, MA 02653 | | |
| Check Box(es) that Apply: | Promoter | | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | | | | |
| The Abell Foundation, Inc. | , | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| 111 S. Calvert Street, Suite 230 | • | * | | | |
| Check Box(es) that Apply: | Promoter | | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | | | | |
| Settle, David G. | | | | | |
| Business or Residence Address | , | City, State, Zip Code) | | | |
| 2425 Grenoble Road, Richmon | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | | | | |
| Kamanitz, Larry | | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | • | |
| c/o The Abell Foundation, Inc., | 111 S. Calvert Stree | t, Suite 2300, Baltimor | e, MD 21202 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | | | | · —· — |
| Hyman, Jon | | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | |
| 400 Carlisle Street, Alexandria | , VA 22301 | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | A. BASIC IDENTIFIC | ATION DATA | | |
|--|-------------------------|-----------------------------|----------------------------|--------------------|--------------------------------------|
| 2. Enter the information request | ed for the following: | | | | |
| Each promoter of the issue | r, if the issuer has be | en organized within the p | ast five years; | | |
| Each beneficial owner have the issuer; | ing the power to vote | e or dispose, or direct the | vote or disposition of, I | 0% or more of a c | class of equity securities of |
| Each executive officer and | director of corporat | te issuers and of corporate | general and managing | partners of partne | rship issuers; and |
| Each general and managing | g partner of partners | hip issuers. | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if inc Settle, Larry | dividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| 5813 Bent Twig Road, McLean | • | er, ony, orace, zip code, | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Director | ☐General and/or Managing Partner |
| Full Name (Last name first, if inc Riley, Mike | dividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| 1500 North Beauregard St., Su | ite 320, Alexandria | , VA 22311 | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if in Salisbury, Charles H. | dividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| c/o Salisbury Broadcasting Co | mpany, 300 E. Lon | ibard Street, Suite 620, I | | 1202 | |
| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in | dividual) | | | | |
| Business or Residence Address | (Number and Street | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, if in | dividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if in | dividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in | dividual) | | | | |
| Business or Residence Address | (Number and Stre | et, City, State, Zip Code) | | | |
| | (Use blank sheet, | or copy and use additiona | l copies of this sheet, as | necessary.) | |

| | · · · · · · | | - | | В | INFOR | MATION | ABOUT | OFFERI | NG | | | | | |
|-------|---------------|---------------|---------------|---|---------------|---------------|---------------|---------------|---------------|----------------|---------------|----------------|---------------|-------------|-------------|
| 1. | Has the | issuer sol | d or does | the issuer | intend to | sell to no | n-accredit | ed investo | rs in this o | ffering? | | | | Yes | No ⊠ |
| 1, | Trus tric | 133461 301 | u, or does | | | | | 2, if filing | | _ | ************* | , | | لبيا | 9 |
| 2. | What is | the minin | num inves | stment that | | | | | | | •••• | | | 0 | |
| | | . | | | | | • | | | | | | | Yes | No |
| 3. | | | | int owners | | | | | | | | | | \boxtimes | |
| 4. | sion or | similar rei | muneratio | ested for ea n for solici person or | itation of | purchasers | in connec | ction with | sales of se | curities in | the offeri | ng. If a pe | erson | | |
| | name o | f the broke | er or deale | er. If more on for that | than five | (5) person | is to be lis | | | | | | | | |
| Full | | ast name f | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Busi | ness or R | esidence / | Address | (Number | and Stree | t, City, Sta | ate, Zip Co | ode) | | | | | | | |
| Nam | e of Asso | ociated Br | oker or De | ealer | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| State | s in Whi | ch Person | Listed Ha | s Solicited | or Intend | ls to Solici | t Purchase | ers | · | | | | | | |
| | • | | | ck individu | , | | | | | | | | | | States |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| | [IL] [MT] | [IN] [NE] | [IA] [NV] | [KS] [NH] | [KY] [NJ] | [LA] [NM] | [ME] [NY] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] | | |
| | [RI] | [sc] | [SD] | [TN] | [TX] | [TU] | [VT] | [VA] | [WA] | [wvj | [wi] | [WY] | [PR] | | |
| Full | Name (L | ast name f | first, if ind | lividual) | | | | | | | | | - | | |
| | | | | | | | | | | | | | | | |
| Busi | ness or R | esidence A | Address | (Number | and Stree | t, City, Sta | ate, Zip Co | ode) | | | | | | | |
| Nam | e of Asso | ociated Bro | oker or De | ealer | | | | | <u></u> | | | | | | |
| | | | | | | | | | | | | | | | |
| State | | | | s Solicited | | | | | | | | | | | Ctatas |
| | [AL] | [AK] | (AZ | ck individu [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | ☐ All | States |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| | [MT] | [NE] | [NV] | [NH] | [N1] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | |
| | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | |
| Full | Name (L | ast name f | first, if ind | lividual) | | | | | | | | | | | |
| Busi | ness or R | esidence | Address | (Number | and Stree | t, City, Sta | ate, Zip Co | ode) | | | | | | | |
| | | | | | | | | | | | | | | | |
| Nam | e of Asso | ociated Br | oker or D | ealer | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| State | | | | s Solicited | | | it Purchas | ers | | | | | | . | 0 |
| | • | | | ck individu | | | | | | | | | | | States |
| | [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] | | |
| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [ok] | [OR] | [PA] | | |
| | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [wv] | [WI] | [WY] | [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt 0 \$ 0 Equity \$2,671,741.00 \$2,671,741.00 ☐ Common ☒ Preferred Convertible Securities (including warrants) Partnership Interests. 0 0 Other (Specify:_____)..... \$ \$ 0 Total..... \$2,671,741.00 \$2,671,741.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$2,671,741.00 0 Non-accredited Investors \$ Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of Offering Security Sold Rule 505..... Regulation A..... Rule 504. Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Legal Fees S \$30,000.00 Accounting Fees \$\Bigsi \\$ \$

\$30,000.00

Engineering Fees Sales Commissions (specify finders' fees separately).

Total S \$

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXP | ENSES AND USE OF PRO | CEEDS |
|-------|---|---|--|--------------------------|
| | b. Enter the difference between the aggregate of Part C - Question 1 and total expenses furnished in This difference is the "adjusted gross proceeds to | n response to Part C - Questio | n 4.a. | \$ 2,641,741 |
| 5. | Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the left of ments listed must equal the adjusted gross procee Part C - Question 4.b above. | amount for any purpose is not of the estimate. The total of the | known, e pay- conse to | |
| | | | Payments to Officers, Directors, & Affiliates | |
| | Salaries and fees | | | □ \$ |
| | Purchase of real estate | | - · | |
| | Purchase, rental or leasing and installation of mac | | | |
| | Construction or leasing of plant buildings and fac | | | \$ |
| | Acquisition of other businesses (including the val offering that may be used in exchange for the assepursuant to a merger) | ue of securities involved in thi ets or securities of another issu | s er | □\$ |
| | Repayment of indebtedness | , | \$ | □\$ |
| | Working capital | , | \$ | $\boxtimes \$ 2,641,741$ |
| | Other (specify): | | | □ \$ |
| | | | \$ | □\$ |
| | Column Totals | | | ☑ \$ 2,641,74 |
| | Total Payments Listed (column totals added) | <u> </u> | \$ 2,641,741 | |
| | | D. FEDERAL SIGNATU | RE | |
| signa | ssuer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to furn mation furnished by the issuer to any non-accredited | ish to the U.S. Securities and I | Exchange Commission, upor | |
| | r (Print or Type) Tech, Inc. | Signature |) | Date July 2Z, 2005 |
| | e of Signer (Print or Type) d G. Settle | Title of Signer (Print or Typ Chief Financial Officer | e) | |

ATTENTION
Intentional misstatements or omissions of fact consultate rederal criminal violations. (See 18 U.S.C. 1001.)